

3.1 Business in the Home
Application Form

Legal description: Village_____ Lot_____ Blk_____ Sec_____
Address: _____
Owner: _____
Phone (Res): _____
(Day): _____
Fax: _____
Other phone: _____
E-mail: _____

HOW TO APPLY

1. Complete and sign this application.
2. Attach a copy of your property survey noting the area of the home that will be used for the proposed business.
3. To speed processing, provide as much information as possible.
4. Please visit our web site to check the posted agendas of the Plan Review Committee meetings at <http://www.thewoodlandstowship-tx.gov>. Submission **does not** guarantee posting on the upcoming agenda.
5. All businesses must be reviewed and approved in advance by the Plan Review Committee.

Gray Area For Office Use	APPLICANT INFORMATION – PLEASE PROVIDE THE FOLLOWING:
	Business related activities: Fully describe the type of business in the home that is proposed, including hours of operation, equipment required, etc. _____
	How will the business be advertised? _____
	Percentage of floor area that will be used: Please explain fully: _____
	Will the profession or home industry employ persons not living at that location but who work at, or travel to the profession or home industry? (yes/no) How many? _____
	Will clients, customers, or other persons frequently travel to or from the residential lot in connection with the profession or home industry? (yes/no) How will personal contact be made? _____
	What effect will the profession or home industry have on adjacent residents? _____
	Will the profession or home industry cause or result in trucks with a license or rated capacity greater than one ton, tractor-trailer cabs or trailers, or other vehicles, to park on or near said residential lot; or equipment and/or supplies to be openly stored on or nearby said residential lot. What vehicle will be used? _____

(For Office Use Only)

Staff Approval Verification

Date _____ Int. _____ Int. _____

Committee Action _____

(date)

_____ Approved _____ Deferred
_____ Conditionally Approved _____ Returned
_____ Disapproved

Supplemental Action _____

(date)

_____ Approved _____ Deferred
_____ Conditionally Approved _____ Returned
